



SINHGAD TECHNICAL EDUCATION SOCIETY'S®

**SINHGAD INSTITUTE OF BUSINESS ADMINISTRATION  
AND COMPUTER APPLICATION®**

(Affiliated to University of Pune & Approved by AICTE)

Kusgaon (Bk.), Off Mumbai - Pune Expressway, Lonavala, Dist.-Pune - 410401.

Tel.:2114-304 308, Telefax:2114-270 203, Email: director\_sibaca@sinhgad.edu, Website: www.sinhgad.edu

**PROF. M. N. NAVALE**  
M.E. (ELECT.) MIE., MBA.  
FOUNDER PRESIDENT

**DR. (MRS.) SUNANDA M. NAVALE**  
B.A. M.P.M. Ph.D.  
FOUNDER SECRETARY

**DR. PARAG KALKAR**  
M. Com., MMS. FDP (IIMA), Ph.D.  
DIRECTOR

Ref No.: SIBACA/ 2014-15/6112

March 20, 2015

To,  
The Director/Principal  
University Affiliating Colleges/Institutes.

**Sub:** Special Summer School on **Research Methodology** at Sinhgad Institute of Business Administration and Computer Application (SIBACA).

**Ref:** UGC - Academic Staff College letter number UGC/ASC/54/15 dated 16/02/2015.

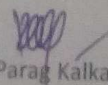
Respected Sir/Madam,

We are pleased to announce Special Summer School on **Research Methodology** at Sinhgad Institute of Business Administration and Computer Application (SIBACA) sponsored by UGC - Academic Staff College, Pune. The programme will be interdisciplinary and application form is available on UGC - Academic Staff College, Pune. Further details of Special Summer School are as follows:

1. Date of Special Summer School: May 11, 2015 to May 31, 2015 (21 days)
2. Name of the coordinator: Dr. Parag Kalkar  
Director,  
Sinhgad Institute of Business Administration and Computer Application (SIBACA),  
Kusgaon (Bk.), Lonavala,  
Dist. Pune 410401.
3. Contact Details: sibaca\_research@sinhgad.edu  
9604862149 / 9922431771  
02114 - 304306
4. Venue: SIBACA, Lonavala, Dist Pune.
5. Last date of submission of application: 15 days before programme.

The certificate issued for this programme will be considering equivalent to one orientation programme or one refresher course for Career Advancement Scheme.

Thanking you,  
Yours faithfully,

  
Dr. Parag Kalkar  
Director



For Office Use Only
The applicant attended OP/RC as indicated below



**UGC-ACADEMIC STAFF COLLEGE  
SAVITRIBAI PHULE PUNE UNIVERSITY  
PUNE – 411007  
(Incomplete form will not be entertained)**



Affix your latest photograph (without photograph form will not be entertained)
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**APPLICATION FORM  
For participation in the UGC sponsored**

 SUMMER SCHOOL

 WINTER SCHOOL

Commencing from       To

(Strike out whichever is not applicable and mark ✓ to your choice)

1. Name of Applicant (In Capital Letter)

Surname	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Date of Birth       3. Sex  Male  Female

4. Category  SC  ST  DT/NT  OBC  OPEN 5. Mother-tongue

6. Knowledge of Marathi  READ  WRITE  CAN UNDERSTAND  NO

7. Educational Qualifications

Degree						Subject
B.A.	B.Com	B.Sc.	B.Ed.	LL.B.	B.Lib.	
M.A.	M.Com	M.Sc.	M.Ed.	LL.M.	M.Lib.	
M.Phil.				Ph.D.		

8. Name and Address of the College/Institution where the applicant is employed :

\_\_\_\_\_

\_\_\_\_\_

9. University to which the College/Institution is affiliated :

\_\_\_\_\_

\_\_\_\_\_

10. Address for correspondence :

\_\_\_\_\_

\_\_\_\_\_

PIN.

Phone Res/Office:

Mobile 1 :

E-mail :

11. Designation  Assistant Professor  Associate Professor  Professor

12. Date of Appointment as Assistant Professor

13. Date of Placement in Existing Grade pay

14. Nature of Appointment

15. Present Pay Scale : Rs.

16. Teaching Experience (in years) at Senior College/University Total   Degree Classes   PG Classes

17. Have you attended any programme so far?   If yes, indicate below:

Orientation (OP)	And	Refresher Course / Special Summer / Winter School in the subject of
	OR	

18. Give dates, name(s) and address(e) of the Academic Staff College/Institute where you attend the programme(s):

1. Date	<input type="text"/>	To	<input type="text"/>
Address	<input type="text"/>		
2. Date	<input type="text"/>	To	<input type="text"/>
Address	<input type="text"/>		
3. Date	<input type="text"/>	To	<input type="text"/>
Address	<input type="text"/>		
4. Date	<input type="text"/>	To	<input type="text"/>
Address	<input type="text"/>		

19. Hostel Accommodation

I hereby undertake to participate in all the academic sessions and assignment work during the course and will abide by the rules and regulations of the Academic Staff College/University of the University Grants Commission.

Place : \_\_\_\_\_

Date : \_\_\_\_\_ Signature of the Applicant

**RECOMMENDATIONS OF THE FORWARDING AUTHORITY**

1. I recommend Dr./Mr./Ms.....  
..... for the Summer/ Winter School in the subject of ..... He/she will be relieved on time to participate in the above Course at Academic Staff College, if selected.

2. Certified that this college is affiliated to ..... University for the last 5 years.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Signature of the Principal/  
Registrar/ Head of the Institution

**Office Seal**